OUTTED STATES SECURITIES AND EXCHANGE COMMISSION

1164878

Washington, D.C. 20549

FORM D



PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

NOTICE OF SALE OF SECURITIES UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Vertical Fund II, L.P. - Private Offering of up to \$10,000,000 of limited partnership interests Filing Under (Check box(es) that apply):

Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing:

New Filing

Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Vertical Fund II, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 25 DeForest Avenue, Summit, New Jersey 07901 (908) 277-3737 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** PROCESSED Private Investment Company Type of Business Organization ☐ corporation Ilmited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed THOMSON Month Year FINANCIAL Actual or Estimated Date of Incorporation or Organization: 1/2 0/1 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction) D E GENERAL INSTRUCTIONS Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - · Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) The Vertical Group, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 25 DeForest Avenue, Summit, New Jersey 07901
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Richard B. Emmitt
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Vertical Group, L.P., 25 DeForest Avenue, Summit, New Jersey 07901
Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Jack Lasersohn
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Vertical Group, L.P., 25 DeForest Avenue, Summit, New Jersey 07901
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Stephen Baksa
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Vertical Group, L.P., 25 DeForest Avenue, Summit, New Jersey 07901
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) John E. Runnells, III
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Vertical Group, L.P., 25 DeForest Avenue, Summit, New Jersey 07901
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. INF	ORMAT	TION AB	OUT OF	FERING				
1 Ha	e the issue	er sold or	does the	issuer inte	end to sell	to non-s	ccredited	investors	in this of	fering?	Yes	No Ø	
1. 114	3 HIC 1334	er sora or	0000 1110	155601 1111	10 001	, 10 11011 0	.001001100				_	ist.	
Answ	er also in	Appendix	c, Column	2, if filin	ig under (ЛОE.							
2. Wł	nat is the	minimum	investme	nt that wi	ll be acce	pted from	any indiv	idual?			\$ <u>25,0</u>	<u>00</u>	
3. Do	es the off	ering perr	nit joint c	wnership	of a sing	le unit?					Yes ⊠	No	
rer or	nuneration	n for solic broker or	itation of dealer re	purchaser gistered v	rs in conne vith the SI	ection wit EC and/or	h sales of with a sta	securities ate or stat	in the off es, list the	ering. If a	person to the broker	be listed is ar	mission or similar associated person more than five (5) dealer only.
Full N	ame (Last	name fir	st, if indi		APPLICA	פום						· <u>-</u> -	
Busine	ess or Res	idence A	ddress (N				, Zip Cod	le)					·
Name	of Associ	ated Brok	er or Dea	iler								 -,	
		Person L				s to Solic	it Purchas	ers					
-		tes" or che							fer 1				
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] (KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
(.2, [MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[V T]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full N	ame (Last	name fire	st, if indiv	ridual)	<u>-</u> -			···					
Busine	ss or Res	idence Ad	ldress (Ni	ımber and	Street, C	ity, State	, Zip Cod	e)					
Name	of Associ	ated Brok	er or Dea	ler			, <u> </u>	·	,- <u></u>				
States	in Which	Person Li	sted Has	Solicited	or Intends	to Solici	t Purchas	ers					
-					-								
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
[MT]	[NE]	[NV]	[NH]	[KI]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[NT]	ίχτϳ	[UT]	[VT]	[AV]	[WA]	[wv]	[wɪ]	[wyj	[PR]	
Full Na	me (Last	name firs	t, if indiv	idual)									
Busine	ss or Resi	dence Ad	dress (Nu	mber and	Street, C	ity, State,	Zip Code	2)					·
Name o	of Associa	ited Broke	er or Deal	ler					-				
		Person Li						ers					
Check AL]	"All State	es" or che [AZ]	ck individ	dual State [CA]	s) [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]	
MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering as "zero". If the transaction is an exchange offering, check this box □ and indi		
exchange and already exchanged.		
Type of Security	Aggregate	Amount Already
	Offering Price	Sold
Debt	\$ <u>-</u> 0	\$ <u>-0-</u>
Equity		\$ -0-
□ Common □ Preferred		
Convertible Securities (including warrants)	\$0	\$0-
Partnership Interests	\$ 10,000,000	\$ 8,924,261
Other (Specify)	\$ <u>-</u> 0-	\$ <u>-0-</u>
Total	\$_10,000,000	\$ 8.924,261
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have pure the purchases. For offerings under Rule 504, indicate the number of persons their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number of	Aggregate
	Investors	Dollar Amount
		of Purchases
Accredited Investors	13	\$ <u>8,924,261</u>
Non-accredited Investors	<u>-0-</u>	\$ <u>-0-</u>
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE		
 If this filing is for an offering under Rule 504 or 505, enter the information of the types indicated, in the twelve (12) months prior to the first sale of secu Question 1. 		
Type of Offering	Type of	Dollar Amount
-yr 6	Security	Sold
	•	
Rule 505		\$
Regulation A		\$
Rule 504	······	\$
Total		\$
4. (a) Furnish a statement of all expenses in connection with the issuance and relating solely to organization expenses of the issuer. The information may expenditure is not known, furnish an estimate and check the box to the left	be given as subject to future contingencies. If	Exclude amounts the amount of an
Transfer Agent's Fees		
Printing and Engraving Costs		
Legal Fees		
Accounting Fees		
Engineering Fees		□ \$
Sales Commissions (Specify finder's fees separately)	•••••••••••••••••••••••••••••••	□ \$
Other Expenses (identify		□ \$
Total		⊠ \$ <u>5,000</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to amount for any purpose is not known, furnish an estimate and check the box to the left of the		9,995,000
equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4	he estimate. The total o	
	Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees	7 \$	Πς
Purchase of real estate] \$	□ \$ □ \$
Purchase, rental or leasing and installation of machinery	<u> </u>	
and equipment	3 [□ s
Construction or leasing of plant buildings and facilities] \$	□ \$ □ \$
Acquisition of other businesses (including the value of	· · · · · · · · · · · · · · · · · · ·	
securities involved in this offering that may be used		
in exchange for the assets or securities of another		
issuer pursuant to a merger] \$	□ \$
Repayment of indebtedness		□ \$
Working capital	\$	S \$ 9,995,000
Other (specify)		
		□ \$
Column Totals	\$	□ \$
Total Payments Listed (column totals added)		⊠ \$ <u>9,995,000</u>
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excharathe information furnished by the issuer to any non-accredited investor pursuant to paragrap	nge Commission, upor	
Issuer (Print or Type) Signature	Date	
Vertical Fund II, L.P.	Octob	per 11, 2007
Name of Signer (Print or Type) Title of Signer (Print or Type)	0	
Stephen D. BAKSA General	Partner	
ATTENTION		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.252 any of the disqualification provisions of su See Appendix, Column 5, for state respons	ich rule?	No 図
2.	The undersigned issuer hereby undertakes to CFR 239.500) at such times as required by	to furnish to any state administrator of any state in which this notice is filed, v state law.	a notice on Form D (17
3.	The undersigned issuer hereby undertakes tofferees.	to furnish to the state administrators, upon written request, information furn	nished by the issuer to
4.		issuer is familiar with the conditions that must be satisfied to be entitled to which this notice is filed and understands that the issuer claiming the availal and the been satisfied.	
	e issuer has read this notification and knows ly authorized person.	the contents to be true and has duly caused this notice to be signed on its bel	nalf by the undersigned
Is	Suer (Print or Type) Vertical Fund II, L.P.	Signature Date October	- 11,2007
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)	

General Partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Stephen D. BAKSA

APPENDIX

1		2	3	3						
		self to non- d investors Item 1)	Type of security and aggregate offering price offered in State (Part C – Item 1)	Type of investor and amount purchased in State (Part C – Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
AL	 		<u> </u>					+	 	
AK								+	 	
AZ	 		1	 		1		1	- 	
AR									 	
CA	 				 	 		- 		
СО		x	Limited Partnership Interests \$300,000	3	\$300,000	0	0		x	
СТ		Х	Limited Partnership Interests \$250,000	ı	250,000	0	0		x	
DE	- 			 .		 		- -	 	
DC			<u> </u>	 		 	 	-	 	
FL		X	Limited Partnership Interests \$50,000	1	\$50,000	0	0		x	
GA		 				· · · · · · · · · · · · · · · · · · ·	 	-	-}	
HI	 	 		 					 	
ID	 				· -					
IL.	 	 -				1			 -	
IN	 	 		 	 	 			 	
IA		 		 	 	 		 	 	
KS	 	-		 		 	 	+	 	
KY	 	<u> </u>		 		 	 	 	 	
LA	 	 		 		 	 	 	 	
ME	 	1			 		 	 	 	
MD	 	-		 					 	
MA		Х	Limited . Partnership Interests \$50,000	1	\$50,000	0	0		x	
MI				1		 		1	 	
MN		х	Limited Partnership Interests \$7,882,211	3	\$7, 882,211	0	0		x	
MS	†	 		 	}		 	 	 	
мо	 	 		 	 	 	 	 -	 	

APPENDIX

1	2		3		4					
	Intend to sell to non- accredited investors in State (Part B - Item 1) Type of security and aggregate offering price offered in State (Part C - Item 1)				Type of investor and amount purchased in State (Part C – Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
MT				<u> </u>				 		
NE	<u> </u>			 		+		 		
NV		 		<u> </u>			_	 		
NH				<u> </u>				 	 	
NJ		X	Limited Partnership interests \$40,000		\$40,000	0	0		x	
NM		-		-		 	-	 	 	
NY	 						<u> </u>			
NC	- 	 				 		 	 	
ND				 		 	+	 	 	
ОН			<u></u>					 	+	
OK		-		<u> </u>			_	-	 	
OR		 						 -		
PA	 			 		 		 -	+	
RI		 						1	 	
SC		 		 				 	 	
SD		- 		 	-		 			
TN	-	 		 					 	
TX		X	Limited Partnership Interests \$50,000	1	\$50,000	0	0			
UT		1				 		1		
VT	 	† -		 	-	 	1	 	 	
VA	1		 	 			 	 	 	
WA	 			1		† 			 	
WV						<u> </u>	 	<u> </u>	 	
WI	 	х	Limited Partnership Interests \$52,050	2	\$52,050	0	0		х	
WY										
PR	1			<u> </u>			 			

